

**AMHERST HEALTH DEPARTMENT**  
**70 BOLTWOOD WALK • AMHERST • MA • 01002**  
**Environmental Health (413) 259-3078**  
**Main Office (413) 259-3077      Fax (413) 259-2404**  
**www.amherstma.gov**

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**BODY ARTS ESTABLISHMENT APPLICATION**

**Body Arts Establishment - ANNUAL FEE \$275.00**

**PLEASE PRINT**

Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Owner \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Social Security Number or Federal Identification Number \_\_\_\_\_

**Establishment Owners Must Provide the Following:**

- ☐ Must submit detailed floor plan of establishment which includes rest room and sink locations
- ☐ Name of licensed Medical Waste Hauler
- ☐ Photograph of applicant(s) autoclave(s) with make, model and serial number printed on the back of photo
- ☐ License(s) for all technicians

**The Following Must Be Posted Prominently in the Body Arts Establishment:**

- Body Arts Establishment License
- All License(s) to Operate as a Tattoo/Piercer Technician(s)
- The Body Art Regulations of the Town of Amherst
- Tattoo/Piercing Procedures and Follow-Up Care Procedures
- Infection Control Practices

**I, certify, under the pains and penalties of perjury, that the information provided to the Amherst Board of Health is correct. I have received a copy of the Regulations for Body Art. I agree to abide by all terms and conditions set forth by the Amherst Board of Health.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152#25c (6))**

I \_\_\_\_\_ do hereby certify that:

1. [ ☐ ] I am an employer providing the following workers' compensation coverage for my employee's \_\_\_\_\_ (policy #/insurance company).
2. [ ☐ ] I am not required to have workers' compensation insurance under M.G.L. c. 152, sect. 25 (c) (6)

**\*Any applicant who checks #1 above must also complete and submit the Worker's Compensation Affidavit.**

\_\_\_\_\_  
**Please Note The Following Late Fees Will Be Enforced**  
**First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100**

**No Charge for Initial Inspection & First Re-Inspection. \$75.00 Each Inspection Thereafter.**

**Return to: Environmental Health Services      Make Check Payable to: Town of Amherst**  
**Attn: License Application**  
**Bangs Community Center, 2<sup>nd</sup> Fl**  
**70 Boltwood Walk**  
**Amherst, MA 01002**

This application is also available on line at:  
[www.toa@amherstma.gov/health/permits](http://www.toa@amherstma.gov/health/permits)